

**COMMODITY FUMIGATION
USE MONITORING INSPECTION**

PR-ENF-105 (EST. 2/02)

DRAFT

FOR CAC USE

DEPARTMENT OF PESTICIDE REGULATION
ENFORCEMENT BRANCHACTION REFERENCE:
INVESTIGATION #:
DPR/WH/OTHER
(Circle one)**INSPECTING COUNTY**

FIRM / PERSON INSPECTED	LICENSE NUMBER <input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> PAC <input type="checkbox"/> OPR <input type="checkbox"/> FR <input type="checkbox"/> UNL <input type="checkbox"/> N/R	WIND VELOCITY: DIRECTION _____ to _____
FIRM MAILING ADDRESS	TELEPHONE NUMBER	PERMIT/OPERATOR ID NUMBER
PROPERTY OPERATOR	FUMIGATION METHOD	COMMODITY/SITE
PROPERTY LOCATION	BUFFER ZONES INNER _____ OUTER _____	SITE ID NUMBER

ADJACENT ENVIRONMENT (N) _____ (S) _____ (E) _____ (W) _____	SUPERVISOR	INTERVIEWED: <input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS TYPE <input type="checkbox"/> Pest Control Business (agricultural, structural) License Number: <input type="checkbox"/> Property Operator (grower, govt. agency)		

HANDLER'S NAME / # INTERVIEWED	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORM	RATE

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. PCB Registered in County	11732				21. Accident Response Plan at Worksite	6780(d)			
2. Registered Label Available at Use Site	6602				22. Two Trained Employees	6782(a)			
3. Notice of Intent Submitted	6434				23. Trained Person Present (Solid Fumigant)	6782(a)(1)			
4. Restricted Materials Use Supervised	6406				24. Warning Signs Posted, Required Info	6782(c)			
5. Complies with Permit Conditions	12973				25. Treated Area / Products Managed	6782(f)			
6. Labeling - Aeration / Reentry	12973				26. MB and/or Pic - Properly Enclosed Space	6452(a)			
7. Labeling - Site / Rate / Buffers / Other	12973				27. MB and/or Pic - Site/Chamber Posted/Attended	6452(b)			
8. Labeling - Personal Protective Equipment	12973				28. Equipment Registered	11732			
9. Regs. - Personal Protective Equipment	6738				29. Equipment Identified	6630			
10. Employer Provided Employee PPE	6702(b)				30. Containers Secure and Under Control	6670			
11. Employee Utilized Provided PPE	6702(c)				31. Pesticide Containers Properly Labeled	6676			
12. Suitable Methods / Manner / Climate	6600				32. Proper Containers	6680			
13. Accurate Measurement	6604				33. Proper Pesticide Transport	6682			
14. Protection of Persons / Animals / Property	6614								
15. Notice of Application	6618								
16. Handler(s) Trained	6724								
17. Emergency Medical Care, Posting	6726								
18. Decontamination Facility	6734								
19. Emp. Exposure > PEL Respiratory PPE Provided	6780(a)								
20. SCBA Worn / Con. Monitoring / Plan Followed	6780 (b,c)								
TOTAL					TOTAL				

COMPLIANCE ACTIONS:		DECONTAMINATION FACILITY: (Item 18)	
Follow-up required	<input type="checkbox"/> YES <input type="checkbox"/> NO	Decontamination Facility	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cease and Desist Order 11897/13102	<input type="checkbox"/> YES <input type="checkbox"/> NO	Soap Available	<input type="checkbox"/> YES <input type="checkbox"/> NO
Stop Work Order 11737	<input type="checkbox"/> YES <input type="checkbox"/> NO	Single Use Towels	<input type="checkbox"/> YES <input type="checkbox"/> NO
Correct Noncompliances by:		Amount of Water Available:	
County Follow up Inspection Date:			

VIOLATION NOTICE #	<input type="checkbox"/> YES <input type="checkbox"/> NO	VIOLATION NOTICE #	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Remarks: Include a detailed description of noncompliances.

INSPECTOR Print Name	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY: <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OWNER Print Name	Signature	DATE ACKNOWLEDGED